

Appendix A

Risk Assessment Tools from State Agencies

Risk Assessment Tools from DSHS - Pages A-1 through A-5

DSHS staff use this tool to assess risks in conjunction with monitoring contracts.

Contact the DSHS Central Contracts Section at (360) 664-6071 for more information.

Risk Assessment Tool from CTED, Office of Crime Victim Advocacy - Pages A-6 through A-9

This tool is used by one unit within CTED to assess risks.

Contact the Office of Crime Victim Advocacy at (360) 725-2898 for more information.

RISK ASSESSMENT WORKSHEET

Service: _____

Estimated Hours per Week Available

for Contract Monitoring: _____ Total # of Contracts: _____

Monitoring Activities

<u>Activity</u>	<u>Who Performs This Activity</u>
£ Contractor written self-assessment	_____
£ Review of contractor invoices/documentation	_____
£ Review of billing and payment history	_____
£ Review of contractor reports	_____
£ Social worker contact with clients	_____
£ Survey of clients	_____
£ Survey of social workers	_____
£ Off-site questionnaire (desk monitoring)	_____
£ On-site inspection or visit	_____
£ Review of contractor audit reports	_____
£ Review of contractor corrective action plans	_____
£ Licensing inspection	_____
£ Program monitoring	_____
£ Performance verification from other sources	_____
£ Review of other resources	_____
£ On-site visits for other than monitoring	_____
£ _____	_____
£ _____	_____
£ _____	_____

Mandatory Monitoring Activities
--

<u>Activity</u>	<u>Estimated Hours a Week</u>
£ · Review contractor invoices	_____
£ · Review contractor reports	_____
£ · Review contractor audit reports	_____
£ · Review contractor correction action plans	_____
£ · _____	_____
£ · _____	_____
£ · _____	_____
£ · _____	_____
£ · _____	_____
£ · _____	_____
£ · _____	_____
Total hours per week spent on mandatory monitoring	_____

Other Monitoring Activities

<u>Activity</u>	<u>Estimated Hours a Week</u>
£ Review contractor written self-assessment	_____
£ Review of billing and payment history	_____
£ Review of contractor reports	_____
£ Survey of clients	_____
£ Survey of social workers	_____
£ Off-site questionnaire (desk monitoring)	_____
£ On-site inspection or visit	_____
£ Review of contractor audit reports	_____
£ Review of contractor corrective action plans	_____
£ Program monitoring	_____
£ Performance verification from other sources	_____
£ Review of other resources	_____
£ On-site visits for other than monitoring	_____
£ _____	_____
£ _____	_____
£ _____	_____
£ _____	_____
£ _____	_____
 Total hours per week spent on other monitoring activities	 _____

Contractor Risk Factors

Contractor: _____

Contract #: _____

For each checked box, rate the risk factors associated with the Contractor named above on a scale of 1-5, with 1 representing the lowest risk.

<u>Risk Factor</u>	<u>Risk Points</u> (max. 5 points)
£ Contract monitoring is required by law or regulation (such as the Single Audit Act)	_____
£ Contracts involving large dollar amounts (\$100,000 or more)	_____
£ New contractors	_____
£ New service	_____
£ Contractors with multiple government funding sources	_____
£ Contractors with current or past (within 2 years) performance problems	_____
£ Service involving care or supervision of clients	_____
£ High profile contractors or service	_____
£ Funding source does not require an audit	_____
£ Contractor has experienced large amount of staff turnover	_____
£ Contractor has not had a comprehensive site visit from any DSHS administration within the past 2 years	_____
£ Contractor with current or past (within 2 years) billing problems	_____
£ Contractor with current or past (within 2 years) audit findings	_____
£ _____	_____
£ _____	_____
Total Risk Points	_____

Risk Factors Summary

<u>Risk Factor</u>	<u># of Contracts</u>
£ Contract monitoring is required by law or regulation (such as the Single Audit Act)	_____
£ Contracts involving large dollar amounts (\$100,000 or more)	_____
£ New contractors	_____
£ New service	_____
£ Contractors with multiple government funding sources	_____
£ Contractors with current or past (within 2 years) performance problems	_____
£ Service involving care or supervision of clients	_____
£ High profile contractors or service	_____
£ Funding source does not require an audit	_____
£ Contractor has experienced large amount of staff turnover	_____
£ Contractor has not had a comprehensive site visit from any DSHS administration within the past 2 years	_____
£ Contractor with current or past (within 2 years) billing problems	_____
£ Contractor with current or past (within 2 years) audit findings	_____
£ _____	_____
£ _____	_____

CTED RISK ASSESSMENT QUESTIONNAIRE

Name of Organization	
Period covered	
Name of Assessor	
Date of assessment	

Total amount of contract with OCVA?			
Obtain numbers from contracts	<\$25,000	Zero	
	\$25-100,000	Five	
	>\$100,000	Ten	

What percentage does this contract represent of our total pass-through money?			
Obtain numbers from contract and from our budget	<1%	Zero	
	1-5%	Five	
	>5%	Ten	

What percentage does the contract represent of the recipient's budget?			
	<1%	Zero	
	1-5%	Five	
	>5%	Ten	

Have there been any audit findings or exceptions in the last five years?			
	No	Zero	
	Yes	Min 5	

Are there any unresolved issues?			
	No	Zero	
	Yes	Min 5	

Are there any notes on the contractor in the Audit Review Manager's quarterly audit tracking document?			
	No	Zero	
	Yes	Min 5	

How many months since the last on-site visit?			
	12	Zero	
	24	Five	
	36	Ten	

Voucher history?			
Complying with voucher requirements including timeliness	Excellent	Zero	
	Good	Five	
	Poor	Ten	

Reporting history?			
	Excellent	Zero	
	Good	Five	
	Poor	Ten	

Have there been any lawsuits filed against the contractor in the last 12 months?			
	No	Zero	
	Yes	Min 10	

Is there any undecided litigation pending against the contractor?			
	No	Zero	
	Yes	Min 10	

Has there been any negative media exposure in the past 12 months?			
	No	Zero	
	Yes	Min 5	

Is the entity subject to an audit?			
	Yes	Zero	
	No	20	

Has there been excessive turnover of management or other key personnel?			
	1 in 12 months	Zero	
	2 in 12 months	Five	
	3 in 12 months	Ten	

What type of organization is this? Newer and smaller organizations generally mean more risk			
	Law enforcement	Zero	
	YMCA, YWCA,	Five	
	CAPs,	Five	
	General community services	Five	
	Victim Witness Assistance Units	Ten	
	Sexual assault	Ten	
	Domestic violence	Ten	
	Military	Zero	
	Shelters	Ten	
	Children's programs	Five	
	Prosecuting Attorneys	Zero	
	Specialized crime victim services	Ten	
	Mental health services	Five	
	Counties, cities, towns	Zero	

What are the economic and political forces affecting the organization?		
More forces generally means more risk. Assign a subjective number		

What regulatory changes have recently occurred?		
Significant changes means more risk Assign a subjective number		

Has the organization experienced recent rapid growth or downsizing?			
	No	Zero	
	Yes	10	

Has the organization recently taken on new activities, products, or services?			
	No	Zero	
	Yes	10	

Risk Assessment Tools from State Agencies**Appendix A**

Has there been any recent major restructuring?			
	No	Zero	
	Yes	10	

Is the organization subject to accreditation requirements?			
	Yes	Zero	
	No	10	

Has the organization had any difficulty obtaining accreditation if required?			
	No	Zero	
	Yes	Min 5	

TOTAL NUMBER OF POINTS	# of points	Range	Risk level
		ZERO TO 49	Low
		50-99	Mid
		100 +	High